## SYMPOSIUM ON CARDIOVASCULAR SURGERY\*

## Introductory Remarks

## FRANK GLENNT

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In recent years, the developments in cardiovascular surgery have been nothing short of spectacular. There are several reasons for the rapid advancement in this particular field. First, is our better understanding of the physiology of the cardio-respiratory system. Second, are the newly perfected techniques in anesthesiology. Third, are the antibiotics and their successful control of infection. Fourth, is the vast amount of experimental work from various laboratories that has demonstrated the feasibility of a direct approach to the heart and the large vessels. Fifth, and finally, is the healthy attitude of skepticism that prevails toward established concepts of surgical therapy for these systems.

No one group deserves all the credit for the accomplishments of this productive period. The internists and the cardiologists have long clamored for better surgical measures in treating their cardiac problems. The physiologists have developed into experts on hydrodynamics of the vascular system through cardiac catheterization. A re-evaluation of the abnormalities by the pathologists has led to a better understanding of congenital anomalies as well as the changes within these systems that are due to disease and degenerative processes. These together with the temerity of a group of forward-looking surgeons have given the impetus to overcome many of the difficulties that previously prevented successful surgery on many of the cardiovascular lesions.

The group that is actively engaged in this work at The New York Hospital-Cornell Medical Center includes members from the Departments of Medicine, Pediatrics, Radiology and Surgery. From Medicine

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we have Dr. Harold Stewart and his associates in cardiology and Dr. Daniel Lukas and his group who are in charge of cardiac catheterization and the cardiopulmonary physiology laboratory. They work in particularly close cooperation with Dr. Charles Dotter and Dr. Israel Steinberg of the Department of Radiology who are in charge of angiocardiography. Dr. Henry Goldberg and Dr. Mary Engle of the Department of Pediatrics are particularly concerned with congenital vascular anomalies, especially the cyanotic group—the tetralogies and those with a patent ductus arteriosus.

In the Department of Surgery, Dr. John Pearce, our surgical pathologist, has made a special study of the lung changes seen in specimens removed at operation from patients with pulmonary hypertension. Members of the Department of Surgery are also interested in the degree of activity in the auricular wall caused by rheumatic fever. Dr. S. W. Moore and Dr. Edward Keefer have concentrated on lesions of the large vessels that can be removed with resumption of continuity by inserting an arterial graft. Dr. Cranston Holman has devoted his interests to the cyanotic group with a tetralogy of Fallot that is corrected with Dr. Blalock's procedure. Dr. George Holswade has given his attention to the group with a patent ductus arteriosus. Dr. Ward O'Sullivan has contributed much to the problems we have encountered in coarctation of the aorta and in mitral stenosis. We have also continued the work of Dr. George Heuer and Dr. William Andrus<sup>1</sup> on constrictive pericarditis and tumors arising from the pericardium and have undertaken the surgical treatment of intra-auricular tumors. The various members of the resident staff of all the departments participating in this work have not been mentioned individually, but it should be emphasized that it is this group, with the training they are receiving in this field, who will participate in the further developments of the future.

## R E F E R E N C E

 Stewart, H. J., Andrus, W. D. and Heuer, G. J. Chronic constrictive pericarditis, in Nelson New Loose-Leaf Medicine, vol. 4, chapt. 30, pp. 601-620.